



# MAINE STATE BOARD OF NURSING

161 Capitol Street • 158 State House Station  
Augusta, Maine 04333-0158  
(207) 287-1133

## VERIFICATION OF PRACTICAL NURSE LICENSURE

TO \_\_\_\_\_ Board of Nursing

Name of Applicant \_\_\_\_\_

Present address \_\_\_\_\_

License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Information below to be completed by the Board of Nursing in your State of original licensure

#### EDUCATION

High School Diploma: ☐ YES ☐ NO ☐ GED

Nursing Program: State Accredited? ☐ YES ☐ NO Type: ☐ Associate Degree ☐ Baccalaureate Degree ☐ Diploma

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Length of Program\* \_\_\_\_\_

#### LICENSURE

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date of Current License \_\_\_\_\_

Issued by: ☐ Exam ☐ Endorsement ☐ Waiver

Has license ever been suspended, revoked, probated, reprimanded or limited/restricted? ☐ YES (please attach explanation) ☐ NO

#### EXAMINATION

Results of State Board Test Pool Examination/NCLEX (please indicate if exam was taken more than one time) Series Number: \_\_\_\_\_

Scores: \*If applicant did not write SBTPE/NCLEX, specify type of test and list subjects and grades on back.

Medical Nursing \_\_\_\_\_

Psychiatric Nursing \_\_\_\_\_

Obstetric Nursing \_\_\_\_\_

Surgical Nursing \_\_\_\_\_

Nursing of Children \_\_\_\_\_

Comprehensive NCLEX \_\_\_\_\_

Canadian Exams: ☐ CNATS ☐ Provincial

Taken in: ☐ English ☐ French

NAME & TITLE: \_\_\_\_\_

(SEAL)

STATE: \_\_\_\_\_

DATE: \_\_\_\_\_